

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. _____		FILING DATE _____				
							APPLICANT(S) _____						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8	1						58						
9		2					59						
10		2	10				60						
11		2					61						
12		4					62						
13		4					63						
14		4					64						
15		4					65						
16		4					66						
17		4					67						
18		4					68						
19		4					69						
20		4	38				70						
21		4					71						
22		4					72						
23		4					73						
24		4					74						
25		4					75						
26		4					76						
27		4					77						
28		6					78						
29	1						79						
30		1	35				80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		①					87						
38		8					88						
39							89						
40			15				90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
T TAL IND.	3						TOTAL IND.						
TOTAL DEP.	98						TOTAL DEP.						
T TAL CLAIMS	101						T TAL CLAIMS						